

Application Data Sheet

Application Information

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: SAFETY CATHETER  
Attorney Docket Number:: 2504-1159  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 3  
Small Entity?: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: SERGIO  
Middle Name::  
Family Name:: RESTELLI  
Name Suffix::  
City of Residence:: \ ROMA  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIA QUARTO PEPERINO, 333B  
Address::  
City of Mailing Address:: ROMA  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: 00100

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: NARDINO  
Middle Name::  
Family Name:: RIGHI  
Name Suffix::  
City of Residence:: BRUGHERIO (MILANO)  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIA CAVOUR, 7  
Address::  
City of Mailing Address:: BRUGHERIO (MILANO)

State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: 20047

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: ROBERTO  
Middle Name::  
Family Name:: ROSSI  
Name Suffix::  
City of Residence:: MILANO  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA DELLE ANDE, 10  
City of Mailing Address:: MILANO  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: 20151

**Correspondence Information**

Correspondence Customer Number:: 00466

**Representative Information**

Representative Customer Number::	00466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2003/008555	8/1/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	02425512.7	8/2/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::